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**** CONTINUING DATA *******
 This application is a CIP of 09/524,478 03/13/2000 PAT 6,338,345 which is a CIP of 09/287,607 04/07/1999 PAT 6,098,629

**** FOREIGN APPLICATIONS *******
NO

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 02/05/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY CA	SHEETS DRAWING 12	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 4
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ADDRESS
03775

TITLE
METHOD AND DEVICE FOR TREATING GASTROESOPHAGEAL REFLUX DISEASE

FILING FEE RECEIVED 1213	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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